

Request For Public Information
Office of The City Clerk
City of San Antonio, Texas
Telephone: (210) 207-7253
FAX: (210) 207-7032

NAME: _____ **DATE:** _____
(print)

MAILING ADDRESS: _____
(print)

TELEPHONE NUMBER: _____ **FAX #** _____

I REQUEST: ☐ **INSPECTION ONLY** ☐ **COPIES OF THE FOLLOWING RECORD(S)** ☐ **INFORMATION ONLY**

(If you have a question on an ethics issue, please pose your question below. A member of our Ethics staff will contact you or forward your question to the Legal Department for their response.)

(Please print)

Continue on reverse side if more space is needed

For Copies of Campaign Contribution and Expenditure Reports Only

- Please Specify Reporting Period: (YY/MM/DD): _____ List Names in Block Above
- ☐ **Contributions Only** ☐ **Expenditures Only** ☐ **Full Report**

I understand that a 50% Deposit is required based on the anticipated costs associated with retrieving the records I have requested. I also understand that should I fail to pick-up the requested records within 10 days of notification, my Deposit will be applied to the actual costs. Any remaining balance must be paid before release of the records. I further understand that my request for an Open Record is also an Open Record itself. Any request for additional information/copies will require another Open Records Request Form to be filled out and a 50% Deposit. In making this request I understand that the City is under no obligation to create a document to satisfy my request or to comply with a standing request for information. I further understand that the information will be released only in accordance with the Public Information Act, which may require a determination, by the Texas Attorney General prior to a release. I further understand that the City has 10 business days after the date of this request in which to request such a determination.

Requester's signature

Deposit Received: \$ _____ Cash or Check
(Circle One)

By: _____
(Staff member who accepted request)

Date Requester Notified Information available: _____ **Job Completed by:** _____
(YY/MM/DD) (print)

Date Copies/Information Picked Up: _____ **Balance Paid:** \$ _____
(YY/MM/DD)

Copies picked up by: _____ **Staff Member Initials:** _____
(print)